

# THE MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### Communications.

#### EPILEPSY CURED BY A BURN.

By M. REECE, M. D.,  
Of Abingdon, Ill.

The following case, which occurred in my practice, may be of some value in showing the effects of a burn in epilepsy. I am induced to record it from reading Dr. PEARSON's article on the subject, in the *REPORTER* for Feb. 20th.

S. B., male, aged 12, was attacked with epilepsy fifteen months ago. He had a fit every day, somewhat wild, but always losing consciousness. Two months ago he was seized with a fit, and fell against a hot stove, near which he was sitting at the time. His father being in the room, saw him when he touched the stove, and lifted him from it immediately. The burn was on the right side of the face, extending from the outer canthus of the eye, over the temple and malar bone. It was of the third degree. (DUPUYTREN.) The patient was entirely unconscious when he received the burn. From that day to this, (March 5th,) he has not had a fit, nor symptoms of one.

For two weeks previous to the reception of the burn, he had been using bromide of potassium and sat. tr. cimicifuga in large doses. Under the influence of these remedies, from having a fit every day, he had but one every other day. He used the bromide of potassium when he was first attacked, without benefit.

Although too short a time has elapsed to pronounce this case a cure, still I am of the opinion that the relief so far obtained was brought about by the burn.

#### The Bi-sulphide of Carbon.

We have several times called attention to this curious substance. Recently in an English journal Dr. G. KENNION speaks of it as a cure for headache. He says: Its mode of application is simple. A small quantity of the solution (about

two drachms) is poured upon cotton wool, with which a small, wide-mouthed, glass stoppered bottle is half filled. This, of course, absorbs the fluid, and when the remedy has to be used, the mouth of the bottle is to be applied closely (so that none of the volatile vapor may escape) to the temple, or behind the ear, or as near as possible to the seat of pain, and so held for from three to five or six minutes. After it has been applied for a minute or two a sensation is felt as if several leeches were biting the part; and after the lapse of two three or four minutes more, the smarting and pain become rather severe, but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. The effect of this application, as I have said, is generally immediate. It may be re-applied, if necessary, three or four times in the day.

The class of headaches in which this remedy is chiefly useful is that which may be grouped under the wide term of "nervous." Thus neuralgic headache, periodic headache, hysterical headache, and even many kinds of dyspeptic headache, are relieved by it; and although the relief of a symptom is a very different affair, of course, from the removal of its cause, yet one who has witnessed (and who of us has not seen?) the agony and distress occasioned by severe and repeated headache, but must rejoice in having the power of affording relief in so prompt and simple a manner.

As regards the *modus operandi* of this remedy, it is difficult, perhaps, to form a certain opinion; but I am disposed to attribute it to the sedative effect of the vapor of the bisulphide, absorbed through the skin, and acting upon the superficial nerves of the part to which it is applied. The remarks of M. DELPECH (*Annales d'Hygiene*, January 1863,) point out very clearly the remarkable prostration of the whole nervous system produced in workmen who, in certain manufactures, are exposed to the vapor arising from a solution of the bisulphide of carbon; and we can readily understand that a somewhat similar effect, upon a small scale, may be produced by the application of this vapor to a limited portion of the surface.

## Medical Societies.

### BALTIMORE MEDICAL ASSOCIATION.

Reported by J. W. P. Bates, M. D.

#### A new Modification of Sims' Speculum.

Dr. ERICH presented a new modification of Sims' speculum with the following remarks: "That Sims' speculum is unequaled in the facility it gives for exploration and treatment, is a fact so well established and so generally acknowledged by gynecologists, as to make it superfluous to dilate upon it. The principal obstacle to its introduction into general practice has been the necessity of an assistant, in order to develop its real value, and even when in the hands of the most skilful assistant, especially during tedious operations, it frequently becomes necessary for the operator to put down his instruments, and correct the position of the speculum with his hands. This difficulty will be unavoidable so long as the speculum requires an assistant to support it, and consequently it is liable to be moved independently of the patient's body, and so long as the assistant's head cannot be in such a situation as to enable him to see whether it is in proper position or not. Considering the large number of cases which can only be relieved by the aid of this speculum and no other, and that quite a number of patients cannot be induced to submit to an exposure before a third person, we need not be astonished at the numerous modifications of this speculum presented to the profession during the comparatively short space of time that has elapsed since the invention was first published.

Although all of these contrivances are intended to enable the practitioner to use it without an assistant, not one of them can be claimed to be equal to Sims' unmodified instrument in the hands of a skilful assistant. All who have been obliged to perform an operation upon the interior surface of the uterus, requiring any length of time will agree with me when I say that an assistant is at best a *necessary* evil, and any contrivance which will secure the speculum to the patient's body in such a manner as to produce the same exposure of the interior of the vagina, and permit equal access to the uterus without the aid of an assistant, cannot fail of being acceptable to the physician as well as the patient.

Being convinced that a want for such a modification really existed, and that none of those published had fully supplied it, I proceeded to

analyze the motions produced by the assistant's hand, after the speculum had been introduced, and found that they were only two, viz., a drawing of the perineum backward and a little upward, and that they could be very easily imitated by levers. The principal point to be considered was where to place the fulcrum, and from what point the necessary point was to be exerted. The internal surface of the inferior edge of the pubes being the point against which most specula exert the required force was rejected, because it will not bear in young and muscular subjects the required amount of pressure. After considering several other places that might be chosen, it was determined to place it on the posterior surface of the sacrum, and make extension from the left shoulder by means of a strap. Without detaining you with a description of the successes and failures met with during a long series of experiments, I shall confine myself to giving merely the results.

It is an instrument that will do all that an assistant can do with the unmodified speculum, without getting fatigued, as he will, and it is sure to follow all the motions of the patient, without losing its relative position to her body. It will remain in its position whether the woman is walking, standing, kneeling, or in the left lateral semi-prone position, and at the same time it will securely keep the garments of the patient out of the operator's way."

Dr. ERICH exhibited his modification to the members of the Baltimore Medical Association, and upon illustrating its use upon a patient present for that purpose, the members generally expressed themselves as being highly pleased with it. It can be manufactured and furnished to the profession, by instrument makers of this city, at a cost of fifteen dollars. The accompanying figures will explain it better than any description can do.

Fig. 1 represents the speculum as used with the patient upon her knees. (A) The ascending lever, measuring six and a-half inches from the joint to the top of the buckle. (B) The descending lever. (C) A movable joint by means of which the speculum is secured to the descending lever. It is provided with a screw for the purpose of adjusting the angle of the speculum after its introduction into the vagina. (D) The fulcrum consisting of a round plate resting upon the sacrum. (E) The strap by means of which extension is made from the left shoulder. (F) The spring buckle which siezes and holds the strap at any degree of tension.

Fig.  
latera  
tinctl  
passer  
over  
(D)  
Fig  
ascen  
lever  
mean

FIG. 1.



and others of different sizes substituted. (F) Screw for adjusting the angle of the speculum. (G) A small speculum. (H) A larger one (I) a still larger one provided with a fenestrum for operations for recto-vaginal fistula and other affections of the posterior wall. (K) A plate fitting over and closing the fenestrum.

Fig. 4. The speculum, lever and strap, in the position occupied by them in fig. 1, without the patient's body. (G) A speculum with a depressor attached, which having a sliding as well as a circular motion, may be secured in any suitable position by tightening the screw. The depressor can be removed and used as an ordinary one by the hand.

FIG. 2.

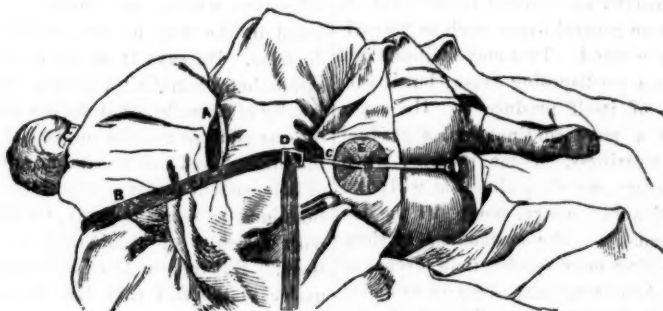


FIG. 3.

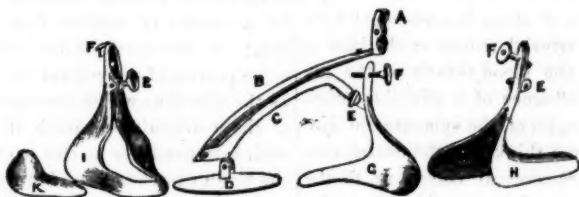
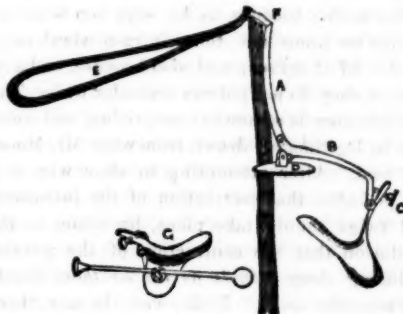


Fig. 2. Represents the patient in the left lateral semi-prone position, and shows more distinctly the position of the strap. (A) The strap passes under the right axilla. (B) It passes here over the left shoulder. (C) The ascending lever. (D) The buckle. (E) The fulcrum plate.

Fig. 3. (A) The spring buckle. (B) The ascending lever folded upon (C) the descending lever. (D) The fulcrum plate. (E) A screw by means of which the speculum can be detached,

FIG. 4.



## EDITORIAL DEPARTMENT.

## Periscope.

## On Going to Sleep.

The *Brit. Med. Journal* remarks that an interesting little book has just been published by Mr. CHARLES H. MOORE, *On Going to Sleep*, in which he endeavors, and we think with some success, to advance our knowledge of this interesting and mysterious state. Mr. DURHAM had concluded that "whatever increases the activity of the cerebral circulation tends to preserve wakefulness; and whatever decreases the activity of the cerebral circulation, and at the same time is not inconsistent with the general health of the body, tends to induce and favor sleep." But, as Mr. MOORE remarks, we are only too apt to overlook the fact that sleep "is an abrupt change of state;" and we are usually too content to attribute its accession to some general cause, such as "weariness" of body or mind. This may facilitate our repose, and be a predisposing cause; but it certainly cannot of itself produce it. He says: "Sleep is not a mere continuation, a gradual deepening of weariness. Some persons, when by no means weary, can sleep almost at will; and when unquestionably weary, can resist the disposition to sleep. . . . The mechanism of sleep must be something more specific than a sense of weariness." Admitting that sleep is attended by a gradual diminution of blood in the brain, Mr. MOORE thinks that this diminution, which is the immediate cause of sleep, is occasioned by a contraction of the arterial trunks at the base of the brain, and of the blood vessels of the pia mater, under the influence of a stimulus originating from the ganglia of the sympathetic system. But he does not think that the contraction extends to the intra-cerebral vessels or to the ultimate ramifications of the carotid and subclavian arteries in the substance of the various parts of the brain; because, as he says (on what authority we know not) these intra-cerebral twigs are devoid of nerves; and also because, as he intimates, they do not possess muscular walls. This last inference is somewhat surprising, and yet it may be legitimately drawn from what Mr. MOORE has said. After attempting to show why it is not probable that contraction of the intra-cerebral twigs should take place, he comes to the conclusion that the contraction of the arteries producing sleep extends as far as those vessels have muscular walls." If this were the case, then,

judging from our own observation, the contraction of the vessels would certainly extend far on into the brain-substance.

The regulation of the calibre of arteries generally, as we are now well aware, after the experimental inquiries of BERNARD and others, is under the control of the ganglionic or sympathetic system of nerves. The carotids are known to be embraced by a large number of nerves proceeding from the first great ganglion of the neck; whilst the vertebrals receive their nerve-supply, but in smaller quantity, from the second and third cervical ganglia; though, if the experiments of Dr. NOTHNAGEL (*VIRCHOW'S Archiv*, Bd. 41, 1867) be confirmed, we shall have to conclude that other additional filaments to the carotid plexus are supplied by offsets from some of the cranial nerves. It is, therefore, almost certain that the arteries of the brain, like those of other organs, are mainly under the dominion of the sympathetic ganglia; and we do not feel the difficulties which, Mr. MOORE seems to think, stand in the way of the acceptance of such a doctrine. He says it seems to attribute to the sympathetic ganglia "a certain discretion, some faculty of thought, or at least a power of selecting the moment and the method of overpowering the brain;" and this ascription to them of a kind of independent power of superseding the cerebral functions, he seems to think, "teaches the innermost difficulty of accounting for the onset of sleep." But this supposed difficulty seems attributable to the fact that Mr. MOORE appears to think the force causing the arteries to contract must either emanate spontaneously, as though by a species of volition, from the cervical ganglia; or else must be derived ultimately from some portion of the central nervous system (such as the medulla) which does not sleep. But most of these difficulties vanish, if we suppose some such interdependence as this to exist—namely, that the brain exercises a kind of repressive or inhibitory influence upon the cervical ganglia, so that, in the ordinary conditions of wakefulness, a tonic state of contraction merely is maintained in the arteries. But brain energy has a controlling influence over other lower nerve centres, as physiologists have abundantly demonstrated; and in this particular case we may suppose that, just as the brain-power diminishes, or, in other words, as the fatigue increases, so is the pressure taken off from the sympathetic ganglia, so that they tend to assume that condition in which they are enabled freely to generate, or at all events discharge force adequate to bring about the contraction of those cerebral arteries which is necessary



for the production of sleep. The contraction so caused, entailing as it does a still further diminution of brain-force, gives rise to conditions still more favorable for the spontaneous and continuous outpouring of force from the cervical ganglia; so that the condition of sleep continues, and is rendered sounder than at its time of onset. Nutritive restoration going on throughout the brain during sleep, whilst the expenditure from functional activity being slight, at last we may imagine a degree of tension existing in the nerve-elements of the brain which, from some slight determining cause, leads to an overflowing stimulus upon those portions of the sympathetic ganglia concerned in the production of sleep, sufficient to curtail the amount of energy emanating from them. This leads to a re-dilatation of the cerebral vessels to those dimensions which coincide with the state of wakefulness. Some such correlation or interdependence, we think, must exist between the brain and the parts of the sympathetic ganglia concerned in the production of sleep. It is well known that persons of active and excitable temperaments are not the greatest sleepers; but, on the contrary we meet with these amongst children (whose power of attention is soon exhausted), amongst very old people, and persons of dull, sluggish intellects. These facts are harmonious enough with the view we have just been enunciating—a view which Mr. Moore might have advanced more clearly and decidedly than he has done; for, in spite of the difficulty before alluded to, he does seem to have drifted into some such doctrine as this in his "Summary," (p. 30.)

It has as yet only been actually demonstrated that contraction takes place during sleep in the branches of the carotid arteries; and it is at present, therefore, only a matter of presumption that a similar condition exists in the branches of the vertebral and basilar arteries. Mr. Moore, however, concludes that "the vertebrals contract less vigorously and less completely than the carotids, and that the sleep of the posterior [and inferior] parts of the brain is consequently less profound than that of the anterior;" though it appears to us that a consideration of the state of the mind during sleep and dreaming would lead rather to the very opposite conclusion. He says that filaments from the sympathetic plexuses do not extend so far along the branches of the vertebrals as they do along those of the carotids; and therefore he is disposed to think that the sleep of the parts of the brain which they supply is procured rather by the contraction of the main trunks, than by that of their offsets.

But, we would ask, how is it possible for the main trunks to contract when they have undergone that extreme degree of calcification and thickening which we not unfrequently see in old people, whose ability to sleep has, however, suffered no corresponding diminution? We think that Mr. Moore places too much weight upon the contraction of the main vessels, and is by no means sufficiently disposed to admit the possibility of the contraction of those smallest arteries within the brain-substance, upon the alteration of whose calibre GIRONDEAU (*De la Circulation Cérébrale Intime dans ses Rapports avec le Sommeil*, Paris, 1868) perhaps lays even too great a stress. From the various mental states, however, during sleep, as evidenced by different kinds of dreams and somnambulistie conditions, it would seem probable that there are local ganglionic centres throughout the brain presiding over comparatively limited vascular territories; so that some portions of brain might be in a condition of subdued activity, whilst others supplied by the same main artery were in a state of sleep. All this, however, is mere conjecture.

#### Glycerate of Tar.

The excellent effects of tar in skin diseases leads us to call attention to the elegant preparation called glycerate of tar. Its preparation is thus described by Mr. J. B. MOORE, in the *Am. Jour. of Pharmacy*.

Glycerine seems to be a good solvent of the medicinal properties of tar, and possessing demulcent, alterative and nutrient properties, serves as a valuable adjunct to the latter therapeutically.

I will now present the formula which I have adopted, after repeated trials, as the most desirable for the manufacture of this preparation:

R. Picis Liquidæ (strained).	℥j. troy.
Magnesiæ carb. (rubbed to powder on a sieve),	℥ij. "
Alcoholis,	f℥ij.
Glycerin,	f℥iv.
Aque, quantum sufficit.	

Mix the alcohol and glycerine with ten fluid ounces of water. Rub the tar in a mortar, first with the carb. magnesia gradually added, until a smooth pulverulent mixture is obtained; then gradually add, in small portions at a time, with thorough trituration continued for fifteen or twenty minutes, six fluid-ounces of the mixture of alcohol, glycerine and water, and strain, with strong expression; return the residue to the mortar, and repeat the trituration as before, with five fluid-ounces more of the same liquid, and express; again treat the dregs in same manner

with the remainder of the menstruum, and after expression reduce the residue by trituration to a uniform condition, and finally pack firmly in a glass funnel prepared for percolation, and pour upon it the expressed liquors, previously mixed, and when the mixture has all passed from the surface, continue the precolation with water until one pint of liquid has been obtained.

When first prepared the "Glycerate" is of a beautiful rich reddish-brown color. After a short time it loses, in a measure, its transparency in consequence of a separation of *inert* pitchy matter. But its pristine beauty may be easily restored by filtration, which is accomplished in a few minutes, as it passes the filter very rapidly. This deposit of resinous matter continues for a considerable lapse of time, but does not diminish or impair in the slightest degree the medicinal virtues of the preparation, but simply temporarily mars its beauty.

It possesses in a high degree all the sensible properties of tar. In this they are more strongly marked than in any preparation of tar, excepting the tincture, I have seen.

In conjunction with the fluid extract of wild-cherry bark, acetate, or syr. squills, syrups of sanguinaria, lactucarium, etc., in varied proportions to suit the views of the prescriber, it will form elegant and palatable combinations, which will be found peculiarly adapted to the treatment of chronic coughs, and the various diseases of the pulmonary organs.

Each fluid-ounce of the glycerate, if the process has been carefully managed, will represent about thirty grains of tar, the dose of which is from a dessert to a tablespoonful.

The glycerate may be made, and I think almost equally well, without alcohol, by replacing that liquid with glycerine. When made in this way, the preparation deposits less resinous matter, as glycerine takes up less of that substance, yet the odor and taste of the tar is nearly as strong as when alcohol is employed in its manufacture.

#### Tetanus Treated by Calabar Bean.

In the Clinical Society of London, on Friday, Feb. 26th, 1869, Mr. HOLTHOUSE related two cases of traumatic tetanus in which the Calabar bean extract was given in larger doses than had hitherto been considered compatible with safety, viz., three grains every two hours, and on one occasion as much as four grains and a half in a single dose. The first case, in which the large doses were given, recovered. The second, which was of a more acute character, died on the fourth day of

the seizure, notwithstanding the physostigma had been given from the very first accession of the symptoms in grain and a half doses every hour, and the patient was for the greater part of the time fully under its influence. He remarked that, with our present knowledge of the pathology of tetanus, a successful issue could scarcely be looked for in those cases in which the peripheral nerves were deeply implicated, unless they could be acted on simultaneously with the cord. The Calabar bean diminished the excitability of the latter and of the motor nerves, but did not affect the sensory nerves; we wanted a remedy which would act similarly on these, and possibly opium, from its known paralyzing effect on the nerves, might do this. The chief points of interest in the fatal case, in which the knee-joint was laid open by a large lacerated wound, were the almost entire absence of constitutional symptoms till the accession of the tetanus, and the absolute immunity from painful cramps which constitute so striking a feature of the disease.

Mr. BRYANT referred to a case in which he thought that the fatal result was due to the influence of the Calabar bean. He thought very ill of treatment in acute tetanus, but drew attention to the possible utility of tracheotomy as preventable of the risk of death from spasm of the glottis.

Mr. MAUNDER in two cases failed to gain anything from the use of the Calabar bean; he had found more help from opium. Tetanus did not, he considered, especially attack the larynx, and he doubted if much good would come from tracheotomy, although it was an operation he thought deserving of a trial.

In reply, Mr. HOLTHOUSE observed that in tetanus patients either died of suffocation during a paroxysm or they died of exhaustion. If this suffocation was from spasm of the glottis, then opening the trachea would undoubtedly prevent death from that cause, but it was equally probable that death during the paroxysm arose from spasm of the diaphragm, and possibly of all the respiratory muscles. The symptoms which Mr. BRYANT had detailed as occurring in his case were those which always precede death from exhaustion. Mr. HOLTHOUSE did not believe that the Calabar bean had anything to do with the death.

Mr. CALLENDER referred to cases of tetanus treated by Mr. WORMALD by active aperients, and to the good results which were thus obtained in many instances.

**Medical and Surgical Reporter.**

PHILADELPHIA, MARCH 27, 1869.

S. W. BUTLER, M. D., &amp; D. G. BRINTON, M. D., Editors.

Our Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical* brief as possible to do justice to the subject, and *carefully* prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

**THE DRUG BILL.**

The notorious and scandalous adulteration of drugs has long been known even to the public. Recently a bill was introduced in the Pennsylvania Senate to check if possible this great evil. The bill was entitled "An act to prevent adulteration in drugs, and medicinal preparations, and to provide for the appointment of an inspector of drugs." It had its origin in the "Medical Society of the State of Pennsylvania," which, at its last session at Harrisburg, in June, 1868, passed unanimously a resolution to memorialize the Legislature to make a law to prevent adulteration in drugs and to create the office of drug inspector. The committee appointed to carry out the object of the resolution was composed of Drs. CUMMISKEY, NEBINGER, and BOLLES, of this city. These gentlemen memorialized the Legislature and framed the drug act, which was given to Senator CONNELL to present. This gentleman courteously presented it to the Senate, and (for reasons which he has not yet imparted to the committee) then killed it in the Judiciary Committee. After having seen the bill effectually disposed of, he wrote to the committee stating that the opposition to it was too great to allow it to pass.

A substitute has been since offered in the House by Mr. ROGERS. It provides that it shall be a misdemeanor, with a penalty not exceeding one thousand dollars and the costs of prosecution, for any one to adulterate drugs or medicines, or to sell or use them in the manufacture of medicinal preparations. To obviate the necessity for an inspector of drugs, it is provided that any resident physician, being a graduate of medicine and pharmacy, may complain under oath or affirmation, before any alderman or justice of the peace, that there are reasonable grounds for

belief that impure drugs are being sold, and on such complaint a search warrant shall issue, and in case of conviction the impure, inert, or adulterated drugs or medicinal preparations shall be destroyed by order of the court.

There is no likelihood that this will pass. The druggists are bitterly opposed to any bill which will disclose their nefarious operations. As one of the daily papers of our city very justly says, the indignation excited at this bill, the terrible buffet it met with, the hasty silence it received, arouse the suspicion of guilt. It scarcely needed the contents of the memorial to convince one that immense frauds are being perpetrated upon the people by druggists. They have foolishly confessed the charge. They have framed their own indictment. Had they said to the physicians, "We will go heart and hand with you in this your initial step to procure health-giving medicines," then would suspicion have been turned aside and a merited end been speedily reached. But as it is, the case is against them. And this will the quicker draw upon them the fate they wish to avoid. It will only serve to make conspicuous a fraud which otherwise might have been concealed. It will invite investigation, and will eventuate in the appointment of an inspector in spite of them. Their opiates cannot put justice in a perpetual sleep. And, what is more, the penalties for tampering with ingredients will increase in severity just as the disposition is manifested to cover up illicit trade. To impose upon the shrewd and active well man is bad, but to gather wealth by swindling a sick and helpless one is infinitely worse.

**ADULTERATION OF FOOD AND DRUGS.**

The *Public Ledger*, of this city, remarks, concerning the scandalous falsification of drugs and groceries so prevalent now, that it is difficult to point out an effective remedy. The plan of employing inspectors has been tried in some cases, but with us it has failed, because the inspectorships go into the hands of mere politicians without fitness for the places. They consider such offices mere party sinecures, invented for the object of giving them salaries and emoluments, and too often pervert them into mere money-making machines, regardless of the public good and the real purposes of the law. As a rule, the law goes far enough when it makes adulterations of food, medicines, etc., penal offenses, and provides simple and effective remedies by which the penalties may be sued out and the offenders exposed. There is then full means for public protection, and it rests with the public

to see that the laws are executed. A few vigorous prosecutions reported in the newspapers would soon produce a wholesome reform. Dishonest dealers cannot stand such exposures.

#### CASES OF ALLEGED MALPRACTICE.

These always have an interest to every practising physician. That of Dr. RIPLEY, of Washington, was concluded a few weeks ago. Dr. R. had prescribed ten grains of morphia, in six powders, and the patient died. Judge FISHER charged the jury. He said that a mere error of judgment should not be punished, for all are liable to err. If he gave medicine for the purpose of relieving the patient, and by mistake prescribed an excessive dose, he is not guilty of manslaughter. If there was wilful rashness; if he cared not whether the medicine killed or cured, it would be different from a case where the medicine is administered with honest intentions. It had been testified that this was one of prescriptions which it was designed should not be administered after relief was had, and that deceased was relieved by the first dose. The physician was not responsible for the administration of the second dose, and they should acquit him. The jury after a short absence returned a verdict of not guilty.

Another recent case occurred at Cleveland, O. On the 20th of February, 1864, William Richardson, a married man, with several children, a painter by trade, employed as foreman of the paint shop of Morrell & Bowers' car manufactory in Cleveland, jumped from a carriage in which he was riding with a companion, the horse being then in the act of running away, and striking on his right foot on the frozen ground, suffered fracture of the fibula, or smaller bone of the leg, about an inch and a half above the articular surface of the ankle, and a dislocation, more or less complete, of the tibia, or large bone of the leg. This accident occurred late on a Saturday night, and the defendant, then a practising physician and surgeon, was called at once, arriving at Richardson's house within an hour and a half of the time of the accident. He found Richardson lying on the floor, where he had fallen from a lounge on which he had been laid when brought in. Defendant dressed the leg, put it in Dav's splints, had the patient removed to a bed, and left. On the several days immediately following, defendant visited the patient with several other physicians and surgeons, and within a week removed the splints from the leg, put it in a fracture box, and treated the patient for

approaching delirium tremens. This treatment was continued about two weeks, and shortly after defendant advised the patient that good surgery required the amputation of the injured leg. The patient refused peremptorily to submit to this, and was then told by defendant that he would try and make an anchylosis, or stiff joint, and save the leg, but that it might be necessary to amputate the leg at last. Defendant then treated the leg to secure such a joint, until some time the following summer, when the patient was able to walk about on crutches, and finally, in August, to walk with a cane. In June or July, defendant ceased to treat the case. In February of the following year, or one year from the time of the accident, Dr. ELISHA STERLING amputated the injured leg. The amputated bones of the leg were prepared for preservation, and were produced in court. The fibula appears, fractured as above stated, with the lower end in a position at a right angle with the other part, and the two parts finally united by bony process, and the lower end also firmly united in the same way with the astragalus or ankle bone. The tibia appears, completely dislocated from its proper position on the astragalus, and thrust downward on the inner side of the foot. The effect of this was to turn the sole of the foot outward and upward. The astragalus appears diseased and softened. This was the state of facts when Richardson brought suit and claimed damages in the sum of \$10,000. Some time in 1868, however, Richardson died, the suit never having come to trial, and it now comes by the administrator on his estate. Plaintiff claimed that the fracture and dislocation of the bones of the leg were never properly reduced by the defendant as it was his duty to reduce them; that he failed to keep them reduced as he should have done; and that he neglected to amputate the leg at the time when good surgery required that it should have been amputated. Defendant replied that the fracture and dislocation were properly reduced; that he kept them so until the approach of delirium tremens made it impossible to do so; that he fully advised the patient of the necessity for amputation, and warned him that if he refused to submit to amputation he must take the risks on himself, and that he did agree so to take the risks and responsibility; that the physical condition of the patient, the result of his intemperate habits, and the premonitions of delirium tremens, which came upon him soon after the accident, were effectual and insurmountable obstacles to a speedy recovery, and greatly diminished the chances of any recovery at all; and,



finally, that defendant did all required of him by good surgery in the case.

The case turned mainly upon the question of what was good surgery under the circumstances, there being but little dispute as to the facts. There was, indeed, testimony on both sides as to the intemperate habits of Richardson.

The plaintiff called as experts Drs. PROCTOR, THAYER, ELISHA STERLING, W. H. CAPENER, R. S. STRONG, W. B. REZNER, JOHN BENNETT, and G. C. E. WEBER—all of the regular school of medicine, and of long experience in the city. These witnesses testified that the injury to Richardson's leg was not an unusual one, and that in such cases, provided there are no extraordinary obstacles, the promise is always of complete recovery, with motion retained in the joint. That it is not a difficult matter for a surgeon of ordinary skill and care to replace such dislocated bones, and to determine by manipulation when they are so replaced. One or two of them, who were asked the question, said that the simple lifting of the injured leg, as described by Mrs. Richardson, on one or two occasions, would not be a serious interference to speedy recovery. Dr. THAYER testified that in a case of this kind inflammation will not irritate the muscles sufficiently to draw the tibia entirely out of its place unaided by any other circumstance or force. Drs. WEBER and STRONG said that Day's splints, properly fitting, could not be put on if the dislocation had not been reduced. The same witness also said that such splints must be taken off when great inflammation had set in. Drs. STRONG and WEBER also said the injury in this case was a severe one, and the latter testified that the excessive use of liquor always impairs reparatory powers. Dr. THAYER said positively, that the union of the broken bone as shown in court, was a healthy union, and must have taken place soon after the accident, or not far from the usual time. Other witnesses also testified that the bony union was a strong one, and did not indicate such vitiation and prostration of the reparatory functions as would seriously interfere with recovery. Dr. WEBER said that inflammation alone might displace the bones after setting. The witnesses generally agreed that if inflammation set in splints must be removed; that then it would be good surgery to put the limb in a fracture box; that to save the leg by making an ankylose joint, the effort should be to keep it still.

Defendant called, as experts, Drs. D. H. BECKWITH, N. SCHNEIDER, H. F. BIGGAR, and T. P. WILSON—all of the homoeopathic school of medi-

cine. Drs. EDDY (deposition) and SCHNEIDER testified that the day after the accident the leg was properly dressed, fracture and dislocation reduced. Also, that symptoms of delirium tremens soon manifested themselves; violent inflammation of the ankle, and finally gangrene showed itself. That the treatment was in accordance with the rules of good surgery throughout; that the splints would not be kept on because of inflammation, and that the muscular disturbance was so great as to seriously interfere with the progress of the cure. Except as to the latter fact, of which they had no personal knowledge, the other witnesses for the defendant substantiated these statements.

The case was argued at length, and went to the jury at half past three o'clock. Soon after four o'clock the jury came in with a verdict for plaintiff for \$3,333.

#### VITAL STATISTICS OF MICHIGAN.

Pursuant to the requirements of an act passed by the Legislature of Michigan in 1867, providing for the registration of births, marriages, and deaths, the Secretary of State has a report of those statistics (so far as could be obtained) for the year ending April 5th, 1868.

The whole number of names registered during the year ending April 5th, 1868, (including births, marriages, and deaths,) as returned by the various county clerks, is 37,000. Nineteen thousand five hundred and forty-four children were born, 10,177 of whom were males, and 9,367 were females. Five thousand seven hundred and three couples were married. Of this number, 3293 were marriages of those native born; 695 were foreigners; 692 were marriages in which one party was a foreigner, and 1023 marriages were reported with the nativity of the parties unknown.

The whole number of deaths is 6250, of which 3331 were males, and 2919 were females.

There were in all 226 cases of twin births, of which children 223 were males, and 229 were females; the proportion of twin children to those of single birth being as 1 to 43½.

Among those who died at extraordinary advanced ages were Jacob Poland, of Bridghampton, Santiac county, aged 104; Susanna Dubois, Port Huron, 103; Catharine B. Kimball, Franklin, Lenawee county, 100; Roswell Raymond, of Marathon, Lapeer county, John McWilliams, of Flint, and John Warner, of Brooklyn, Jackson county, each died at the age of 99.

Consumption, typhoid fever, pneumonia, dysentery, old age, dropsy, heart disease, casualty,

intermittent fever, and brain disease were the ten predominating causes of death.

It is a surprising fact, that of the whole number of deaths reported from all causes, more than one-third were those of children under five years of age. This seems to show that even in country districts, similar mortality of infants prevails as in cities.

## Notes and Comments.

### THERAPEUTICAL BULLETIN.\*

Compiled by GEO. H. NAPHEYS, M. D.

No. 6.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulas for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

It is not to be understood that the recipes already published are all that are to be given upon the therapeutical subjects treated of. For the purpose of securing greater variety, a new topic is, for the present, introduced in each week's bulletin, which will be continued in future, though not consecutive, numbers. This week's space will be occupied by some of the formulæ employed as

#### *Expectorants in Bronchitis and Phthisis.*

Dr. J. M. DA COSTA.

- |                            |               |
|----------------------------|---------------|
| R. Morphine acetatis,      | gr. ij.       |
| Potassii cyanidi,          | gr. j.        |
| Acidi acetic,              | f. 3j.        |
| Ext. pruni virginianæ fl., |               |
| Misturæ acaciæ,            | aa f. 3ij. M. |

A teaspoonful four or six times a day, as a sedative mixture for the cough of phthisis.

Dr. JAMES COPLAND.

- |                           |                |
|---------------------------|----------------|
| R. Liq. ammoniæ acetatis, | f. 3j.         |
| Spt. ætheris nitrosi,     | f. 3ij.        |
| Vini antimonii,           | f. 3ijss.      |
| Misturæ amygdalæ,         | ad f. 3vij. M. |

\* Entered according to Act of Congress, in the year 1869, by GEO. H. NAPHEYS, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

One or two tablespoonfuls every third or fourth hour, in the treatment of primary or simple bronchitis. The bowels should be moderately opened by a small dose of calomel or blue pill, with antimonial powder at night, and a gentle aperient in the morning. If the patient be aged, delicate, or vitally depressed, the antimony may be omitted from the prescription, and a proportion of the infusion of cinchona, or of the decoction of senega added. The dose of the antimony may, of course, be increased if indicated. When the fever is considerable, or the patient complains of soreness or pain in the chest, a mustard poultice may be applied over the sternum, or the following terebinthinate embrocation employed.

#### R. Linimenti saponis.

" terebinthinæ,	aa f. 3ijss.
Olei olivæ,	f. 3vij.
Olei cajuputi,	f. 3j. M.

This embrocation, having been well shaken, should be sprinkled on two or three folds of flannel, or on spongeo-piline, and placed either over the thorax or between the shoulders.

Dr. E. HEADLAM GREENHOW.

- |                             |            |
|-----------------------------|------------|
| R. Vini ipecacuanhæ         |            |
| Acidi nitro-muriatici dil., | aa ʒx.     |
| Tr. hyoscyami,              | ʒxx.       |
| Tr. gentiani compositæ,     | f. 3ss.    |
| Aquæ,                       | ad f. 3ij. |

For one dose.

To be taken in water three times a day, in chronic bronchitis. In almost all cases of chronic bronchitis a time arrives when expectorants cease to be useful. The expectoration has become of the nature of an habitual flow from the bronchial membrane. Treatment of a tonic character is then required. In these cases Dr. GREENHOW has long been accustomed to prescribe with great advantage the mineral acids, especially the nitro-muriatic, in combination with a vegetable bitter, as above. In chronic cases attended by very copious expectoration, he adds to each dose of the above mixture twenty minims of the tincture of larch, which has the effect not only of lessening the expectoration, and with it the cough and dyspnoea, but also apparently of restoring the debilitated membrane to a more healthy tone, and of rendering patients less liable to catarrhal attacks at every change of the weather or season.

#### *Inhalation.*

Dr. JOHN FORSYTH MEIGS.

- |                            |         |
|----------------------------|---------|
| R. Acidi carbolici fluidi, | ʒx.—xv. |
| Aquæ,                      | Oss.    |

To be placed in an ordinary inhaling bottle, and used three or four times a day, in bronchial

catarrh, offensive secretions from bronchial tubes, etc.

Prof. J. LEWIS SMITH.

R. Spts. ætheris nitrosi, f.3j.  
Syrupi ipecacuanhæ, aa f.3ij.  
Olei ricini, f.3vij. M.  
Syrupi tolutani, f.3xiv.

One teaspoonful, in primary bronchitis, for an infant one year old, every two or four hours. Another eligible formula is the following:

R. Syrupi ipecacuanhæ, f.3ij.  
Potassæ acetatis, gr. xvj—3ss.  
Aquæ anisi, f.3xiv. M.

Dose—one teaspoonful for an infant of six months. If there is decided febrile action, tincture of digitalis, one or two drops, according to the age, may be added to each teaspoonful.

In the majority of cases of infantile bronchitis this mode of treatment is preferred by Dr. SMITH for the first few days, after which, if further medication is required, more sustaining or even stimulating medicines are proper.

For children over the age of three years, if the previous health has been good, and the bronchitis is primary, aconite or veratrum viride is often useful in the first stage of the inflammation. The following is a recipe for a child of five years.

R. Tr. veratri viridi, gtt. xij.  
Syrupi scillæ comp., f.3ij.  
Syrupi tolutani, f.3xiv. M.

One teaspoonful every two or four hours; the medicine to be omitted or given at a longer interval if the frequency of the pulse is reduced. The effect of cardiac sedatives should be carefully watched. In general they should be administered only during the first three to five days. But if the child is robust, with full and strong pulse, they may be continued longer.

As the active inflammation begins to abate, simple expectorant mixtures may be given, as syrup of squills or ipecacuanha, in spiritus mindereri. At this stage of bronchitis in children, it is often best to commence the use of stimulating expectorants, and they are required in nearly all cases of advanced bronchitis. A favorite prescription with Dr. SMITH is the following.

R. Ammoniac carbonatis, gr. xvj—xxiv,  
Tincturæ sanguinaris, gtt. xxiv.  
Syrupi senegæ, f.3ij.  
Extracti glycyrrhizæ, 3ss.  
Aquæ, f.3xiv. M.

Dose—one teaspoonful every three or four hours to a child of two years. If there is much restlessness, Dover's powder, paregoric, or syrup of poppies should be given with this mixture, or separately.

#### AMERICAN MEDICAL ASSOCIATION.

The Twentieth Annual Session will be held in New Orleans, La., May 4, 1869, at 11 A. M.

The Great Southern Mail Route will carry delegates to New Orleans and return, by excursion Tickets, from New York, for \$70. Tickets must be bought in New York, at 229 Broadway. Time, 84 hours.

Excursion tickets from Philadelphia by the same route, via the Philadelphia, Wilmington and Baltimore Railroad, to New Orleans, will be sold only by the Permanent Secretary, for \$66. Time, 80 hours. Those desiring to go by this route must notify the Permanent Secretary immediately. Permission is given to stop at any point, and resume at pleasure.

The East Tennessee and Georgia, and East Tennessee and Virginia Railroads, will issue excursion tickets at half fare over their roads.

The Mobile and Ohio, the Louisville and Nashville, and Memphis and Louisville, the Selma, Rome and Dalton, the Lexington and Louisville, the South Carolina and North Eastern, the Milwaukee and St. Paul, the Montgomery and West Point, the Mobile and Montgomery, the Virginia and Tennessee, the Richmond, Fredericksburg and Potomac, the Richmond and Petersburg, the Petersburg, and the South Western and Macon and Western Railroads, will return free on certificate of Permanent Secretary.

The Steamship line from Philadelphia will carry via Havana, for \$50 either way, meals included.

The Mobile and New Orleans steamers will issue excursion tickets for half fare.

The Memphis and St. Louis Packet Company will carry to Memphis or Vicksburg, by boat and balance by rail, for \$20 either way, meals included; or \$17, and meals extra.

Dr. HIBBERD's Circular tells all else so far.

#### Irresistible Inclination to Sleep.

A curious disease prevails on the West Coast of Africa, especially on the Gaboon, which consists in an irresistible inclination to sleep. No pain seems to be experienced; but the patient stumbles readily, his step is tottering, sense of feeling seems to be wanting, and objects used as a support are grasped very unsteadily. The consciousness does not seem to be diminished, and the breathing and digestion are normal. When the patient is awakened he returns again into a deep sleep in a very short time. The disease does not yield to any remedies, and generally ends in death. Its precise character has not yet been ascertained with certainty.

## Medical Commencements.

*Jefferson Medical College, Philadelphia.*—Commencement exercises at Musical Fund Hall, Friday, March 12th. Graduates, 126. Valedictory by Prof. SAMUEL H. DICKSON, on the Progress of Medical Science.

Of the graduates, there were from Alabama, 2; Arkansas, 1; California, 2; Canada, 1; Connecticut, 1; Costa Rica, 1; Delaware, 1; France, 1; Georgia, 5; Illinois, 1; Indiana, 3; Kentucky, 4; Maryland, 2; Massachusetts, 1; Mississippi, 1; Missouri, 4; New Jersey, 7; New York, 3; North Carolina, 1; Nova Scotia, 2; Ohio, 4; Pennsylvania, 62; South Carolina, 1; Tennessee, 4; Texas, 4; Virginia, 5; West Virginia, 2.

*University of Pennsylvania.*—Commencement exercises at the Academy of Music, Philadelphia, Saturday, March 13th. Graduates, 130, including two diplomas given at the June commencement, 1868.

Of the graduates, there were from Brazil, 1; California, 2; Connecticut, 3; Delaware, 4; District of Columbia, 2; Florida, 1; Georgia, 1; Illinois, 1; Kentucky, 3; Louisiana, 1; Maryland, 5; Massachusetts, 3; Minnesota, 1; Mississippi, 2; New Jersey, 16; New York, 2; North Carolina, 6; Nova Scotia, 1; Ohio, 2; Pennsylvania, 58; Porto Rico, 2; Tennessee, 7; Texas, 1; Virginia, 4; West Virginia, 1. Total, 130.

Valedictory address by Prof. ALFRED STILLÉ.

*Buffalo Medical College.*—Commencement, Feb. 24th. Graduates, 34. Address to Graduating class by Prof. T. R. ROCHESTER. Valedictory by ROBERT A. PATCHIN, of the class.

*Rush Medical College, Chicago.*—Commencement exercises —. Graduates, 108; *ad eundem*, 4; honorary, 1. Address to the Graduates by Prof. J. V. Z. BLANEY. Valedictory by Prof. J. P. ROSS.

*Washington University, Baltimore, Md.*—Commencement, Feb. 22d. Graduates, 80. Valedictory by Prof. CHARLES W. CHANCELLOR.

*Kentucky School of Medicine.*—The Annual Commencement of the Kentucky School of Medicine took place in the lecture-room of the school, in Weisiger Block Feb. 23. The exercises were opened with prayer by the Rev. Mr. HOBSON, when the Dean read the annual report, showing the school to be in a better and more prosperous condition than ever before in its history. W. R. THOMPSON, Esq., one of the Regents, then in a brief speech conferred the diplomas on the following members of the graduating class:

## GRADUATES.

*Alabama*—W. E. Spaulding.

*Mississippi*—Lewis J. Frazee, James W. George, H. W. Johnston, Henry K. Leake, W. C. Miller.

*Indiana*—Elijah Dixon.

*Ohio*—John W. Thatcher.

*Tennessee*—Jno. L. C. Johnson.

*Texas*—Francis T. Jaeger.

*Kentucky*—George E. Barth, Christopher C. Bates, Verga Berry, David M. Board, Wm. Caspari, John W. Clark, John Drye, Thos. J. Hargan, Nicholas P. Kendrick, H. C. Kennerly, Theo. B. Lant, E. F. McCammon, John M. McCarty, James M. O'Bryan, Newton Sageser, W. W. Scott, John T. Shirley, Wm. T. Shumate, P. B. Turpin, Thos. J. Turpin, H. C. Urban.

## THE AD EUNDEM DEGREE.

The *ad eundem* degree was conferred on the following-named gentlemen, graduates of the Medical Department of the University of Louisville:

John C. Cook, M. D.; Joseph Gardner, M. D.; W. W. Urban, M. D.; D. B. Wilcox, M. D.; A. J. Smith, M. D.

## THE MEDALS.

The faculty, in the last annual announcement, promised a gold medal to the member making the greatest advancement in the various branches of medical science, and also a silver medal to the member writing the best thesis. Both these medals were awarded to Mr. HENRY K. LRAKE, of Mississippi. The theses were submitted without the authors names to a committee of medical men, and the decision was consequently unknown until the sealed envelope containing it was opened before the audience. It was in favor of, "No. 2," and when, after referring to the list, the Dean announced the name, there was an outburst of applause.

The valedictory address was then delivered by Professor OWEN.

Dr. P. B. TURPIN, the valedictorian elected by the class, then delivered the farewell address in a graceful and eloquent manner, when the exercises were closed by prayer by the Rev. Mr. HOBSON.

*The University of Louisville.*—The commencement took place March 2.

The class of the present session numbered two hundred and twenty-three, of which number seventy graduated.

The honorary degree of "M. D." was conferred upon JAMES L. RICHARDSON, of Bethel, Kentucky. The *Ad Eundem* degree was conferred upon



DRS. RICHARD O. COWLING, of Kentucky, and AUGUSTUS DEFOE, of Illinois.

Upon the part of the graduating class, Dr. WM. C. MAULL delivered a very eloquent, touching and able address.

The address on behalf of the faculty, by Dr. LUNSFORD P. YANDELL, Jr., followed.

The occasion was enlivened with excellent music and a large attendance of citizens.

#### Cincinnati Academy of Medicine.

The Cincinnati Academy of Medicine held its annual meeting, March 1st, for the election of officers, Dr. JOHN DAVIS, President, in the chair. After the presentation and adoption of reports from the Secretary and Treasurer, the Society proceeded to the election of officers for the ensuing year, with the following result:

Dr. W. W. DAWSON, President; Dr. WM. B. DAVIS, 1st Vice-President; Dr. C. S. MUSCHOFF, 2d Vice-President; Dr. J. L. NELSON, Recording Secretary; Dr. J. S. UNZICKER, Treasurer; Dr. E. B. STEVENS, Corresponding Secretary; Dr. HIRAM SMITH, Treasurer.

On motion of Dr. McILVAIN, a resolution for the incorporation of the Academy was then adopted, and the following gentlemen elected Trustees: Drs. J. J. QUINN, McILVAIN, and J. A. WALKER.

After the transaction of some further business of minor importance, the meeting adjourned.

#### Crawford County, Pa., Medical Society.

At a regular meeting of the Crawford County Medical Society, held at the house of Dr. RAY, in Meadville, on Tuesday evening, the 2d inst., a committee was appointed to draft resolutions expressive of the feelings of the Society in regard to the death of Dr. JENNINGS, of Titusville.

The report of the committee was unanimously adopted, and the resolutions ordered to be published, and a copy sent to the bereaved family.

#### Color of Oil of Cajeput.

Dr. H. WARNER writes to the *Pharm. Zeitsch. für Russland* that he examined eight samples of this oil for the purpose of ascertaining whether the color was due to copper or not, and detected the presence of that metal more or less distinctly in each of them. Still another sample, warranted as quite pure, and of a fine green color, contained no trace of copper, and differed from others, which showed at 13° C., densities from .921 to .930; one by a sp. gr. = .937, and by congealing at 24.5 C., against several of the other samples at 28° C.

#### Coralline.

We have already referred our readers to the danger of using stockings dyed with coralline, as this produces a form of disease now familiarly known as sock and shirt poisoning. It is obtained by treating carbolic acid with oxalic and sulphuric acid, and afterwards with ammonia, the color produced being probably the rosolate of ammonia. The injury produced is entirely external, consisting of a pustular eruption of the skin; but it is sufficiently inconvenient to render the use of articles thus dyed objectionable.

#### Athletic Amusements.


The hardening, vulgarizing effects of athletic amusements, pursued beyond the point necessary to preserve health, it is contended, are visible in the rising generation of Englishmen. A disagreeable coarseness of thought and action, it is stated, is impressed upon the young men of the schools and universities, and accompanies them through life.

#### Dr. Carl Vogt.

Dr. CARL VOGT, the celebrated lecturer on Natural Science, has been invited to come to the United States and deliver a course of six lectures in each of seven of the principal cities of this country. The expenses, which must be guaranteed, will amount to \$20,000, and it is proposed to collect this sum from the Germans who are interested in the lecturer. Dr. VOGT, it is reported, is a highly popular lecturer, and a well-informed man of science; but his chief reputation has been obtained not by original researches so much as by the trenchant and fierce boldness with which he utters his opinions. His famous saying, "The brain secretes thought as the liver does bile," has done more to make him notorious than even his fine work on mineralogy.

#### Vaccine Agent.

Dr. J. C. RUPP has been appointed State Vaccine Agent for West Virginia by Governor STEVENSON, and took the prescribed oaths. Dr. RUPP, we believe, has filled this position since the formation of the State, and has given universal satisfaction.

[ Readers of the REPORTER are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

### The Discovery of Hypodermic Injections.

We cheerfully give place to the following, from the *Med. Bulletin*, by its editor, Dr. E. WARREN.

In an article upon the subject of the hypodermic injection of morphia, published in the *MEDICAL AND SURGICAL REPORTER*, it is stated that Dr. WOOD, of Edinburgh, first published his discovery of this mode of medication, in 1855.

While a student in Philadelphia in the winter of 1850-1, the idea of introducing morphia subcutaneously occurred to us; and a *thesis* was written on the subject, recommending it to the favorable consideration of the Faculty of the Jefferson College. After consultation with a distinguished Professor of that institution, this *thesis* was not presented, because of the novelty, and the supposed impracticability of the plan of treatment suggested in it. This fact was known at that time to a number of persons—Dr. GEO. F. WILKINS, now of Northampton county, Va., who was then a room-mate, being specially cognizant of all the circumstances connected with it.

In the year 1857, we first resorted to this mode of administering morphia in our practice—making an incision through the skin with a lancet, and introducing the remedy by means of a syringe prepared for the lachrymal duct. If hypodermic medication had been previously attempted in this country, we should be pleased to learn the fact.

These statements are made because of an honest pride in the original conception of an idea which has afforded so much relief to suffering humanity, and not from a desire to detract from the reputation of the distinguished physician whose name is so justly associated with it.

### Interesting Experiments.

Dr. TYNDALL has made some very surprising experiments by passing vapors of different chemical substances into an exhausted glass tube, and then sending through them a beam of electric light. The vapor is at first invisible, but after the light has shone through it for a few seconds, it forms clouds of a blue, green, red, or mauve color, which break up into the most fantastic and beautiful forms, endowed with a rotary motion, which adds greatly to their effect on the eye. In some instances the cloud takes the shape of funnels overlapping each other, and curiously enough, the inner ones can be seen through the outer ones. The most surprising of all is the vapor of hydriodic acid. The cloud is seen cone-shaped, supporting vases of exquisite form, and over the edges of these vases fall faint clouds, resembling spectral sheets of liquid. After-

ward a change takes place—roses, tulips, and sunflowers appear; then come a series of beautifully-shaped bottles, one within the other, and on one occasion there was seen the shape of a fish, with eyes, gills, and feelers. What, it may be asked, is the use of all this fantastic beauty? The answer is, that Dr. TYNDALL finds therein illustration of chemical decomposition, examples of molecular physics, and explanations of the formation of clouds and the blue color of the sky, whereof we shall hear more by-and-by, and by which science will be enriched.

### Test for the Strength of Alcohol.

Alcohol dissolves chloroform, so that when a mixture of alcohol and water is shaken up with chloroform, the alcohol and chloroform unite, leaving the water separate. On this fact, BASILE RAKOWITSCH, of the Imperial Russian Navy, has founded his invention. The instrument he uses is a graduated glass tube, into which a measured quantity of chloroform is poured, and to this is added a given quantity of the liquid to be tested; these are well mixed together and left to subside. The chloroform takes up the alcohol and leaves the water, which being lighter than the chloroform, will float on the top; and the quantity of water that has been mixed with the spirit will be at once seen.

### Hydrogenium.

It has been known for some time to chemists, that when heated palladium is inserted into an atmosphere of hydrogen, from eight to nine hundred times its bulk of the gas is absorbed, or stowed away in the pores of the metal. This phenomenon was formerly called acclusion, and was supposed to show merely a strong absorptive tendency of the metal for the gas. The recent discoveries of Professor GRAHAM, of London, show, however, that in all probability the union is to be regarded as a true alloy of one substance with the other, and that the hydrogen is what it has already been suspected to be, a metal in its chemical relations. The density of the palladium when combined with the hydrogen is reduced very considerably, and the density of the hydrogen, which, as a metal, has now been called hydrogenium, is nearly two. Its tenacity and electrical conductivity are less than those of palladium; but its conducting power, equal nearly to six, is nevertheless considerable, which is thus an additional proof of its metallic nature. The hydrogenium is more magnetic than palladium, and belongs, according to Professor GRAHAM to the same group of metallic substances

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as iron, zinc, cobalt, chromium and manganese. It is furthermore suggested that oxygen equally with hydrogen is only the volatilized condition of a metal, and that water is a true alloy of the two metals in a definite proportion. It may therefore yet be possible to see water reduced to a solid state otherwise than by becoming frozen.

## Correspondence.

### DOMESTIC.

#### Poisoning by Opium.

EDITORS MED. AND SURG. REPORTER:

As the case of belladonna versus opium, is now on trial before the medical tribunal, I will relate a case lately occurring in my practice—a very ordinary case, but making *one more*. On the evening of 7th inst., I was hastily summoned to see Miss M., who had “swallowed laudanum.” On my arrival found the patient strongly under the influence of the drug—pupils little larger than a pin head—and continued efforts of the attendants necessary to keep her awake. An ounce vial was found on the stand containing about 3j. of tr. opii.; a neighbor lad who was present said he had procured the vial full of the medicine at a drug store the afternoon previous. After taking the drug she had become frightened, and told her mother of what had been done; viz., that she had taken all of the contents of the vial, so far as it had been emptied. It was evident that *most* of the poison had already left the stomach—the greater part of the 3vij. tinct. opii. had passed into the circulation, and was acting upon the nervous system.

I at once gave her an efficient emetic of tartarized antimony, forcing her to swallow large quantities of warm water. The ejected matter had but a slight odor of opium. So far as the contents of the stomach were concerned, the remedy had done its duty faithfully—beyond this it could not reach, and I very much feared that “padding” and forced exercise would soon fail. What to do next? The *life* I had to deal with was of no value to any one, but I *did not like to be baffled*.

The antagonism of opium and belladonna I had always doubted; it seeming to me that one narcotic must increase the effect of another; but even if they *did* mutually assist each other in their deadly work, there was nothing to *lose* in the case on hand. Reasoning thus, I proceeded to inject hypodermically one-quarter grain of atropia, and after all vomiting had ceased,

forced her to swallow repeated doses of TILDEN'S fluid ext. belladonna, of which she took 3ij. within the *three hours* following my arrival. The pupils now began to dilate and I left, ordering that she should not be allowed to go to sleep for some hours. Next day the pupils were only moderately dilated. Some nausea, with great unsteadiness in the walk. Three days after I saw her pass my office.

I am no longer an unbeliever in the antagonism of opium and belladonna.

G. A. JONES, M. D.

New Berlin, N. Y., March 17, 1869.

#### Answer to Dr. J. G. F.

EDITORS MEDICAL AND SURGICAL REPORTER:

In your journal of November 17th, 1868, in your “Answers to Correspondents,” I notice an inquiry from Dr. J. G. F., of Texas, in regard to the treatment of an obstinate case of asthma. In such cases I have derived much benefit from the following treatment: Take strips of letter paper and dip them in a saturated solution of nit. potassa; dry them, and during the paroxysm let the patient ignite one at a time, and inhale the fumes. In the majority of cases this will cause the paroxysm to cease. In the interval—or for the purpose of effecting a cure—I would use nitric acid two or three times daily, for the space of several months. This *treatment*—simple as it is—has succeeded several times in my hands.

D. C. McCAMPBELL, M. D.

Holly Springs, Miss., February 28, 1869.

#### The Binder for Parturient Women.

EDITORS MED. AND SURG. REPORTER:

I perceive, through the medium of the REPORTER, that much discussion is going on as to the utility of the bandage being applied to women after confinement.

I leave to others the discussion and determining of the question as to whether it ever saves life; merely remarking, in passing, that firm pressure, with a grasping and kneading motion, is a very well recognized and efficient means of producing uterine contraction after the expulsion of the placenta; and will confine myself to two points, viz., the comfort afforded by the bandage, and the symmetry of persons secured by its employment, or rather the want of symmetry which results from its non-employment.

But perhaps it would be well to inquire of the shape of the bandage before proceeding further. A straight towel passed around the body ought not to be called a bandage; yet I have seen many such rude things used, and heard women tell of

the comfort its use afforded. Also I have heard a few (and but a few) complain that it felt like a rope around them.

A bandage should be made on a plan similar to corsets, with gussets at the lower border, of sufficient size to allow it to expand over the cresti illi and give support to the bowels, for this is the intention and indication of the binder. And I have heard very many women express the sense of comfort which a bandage, so made, afforded; while some women, who have in some confinements tried the experiment of dispensing with it, express themselves as most decidedly in favor of its use.

Let the doctors instruct pregnant women how to shape the binder, and let them try the experiment on the same woman, with and without it, and let the woman bear testimony as to the comfort or discomfort resulting from its use, before it is pronounced useless; for I suppose it will be conceded that a woman has a right to know what conduces to her comfort. Not the straight towel, gentlemen, but a bandage made on common-sense principles, to fit the body, and give support to the abdomen.

But laying aside any question of comfort, I would advocate the use of the binder on the principle of esthetics, provided that its use is not positively injurious to the health; and I think it may be laid down as a fixed fact, that it was not injurious in our grandmother's days, whether or not the ladies of the present day have become so delicate that they cannot bear it.

In the number of the *REPORTER* of Jan. 2d, current volume, is a report of the discussion of this subject by the members of the Harford Co. Medical Society, in which allusion is made to squaws.

Now I have seen considerable of squaws during my prolonged stay in the extreme Northwest, and I would wish to be understood as speaking "ex cathedra." Very true, gentlemen, the squaws do not generally use the bandage, but it does not follow that no inconvenience results from its non-employment, for we have no statistics bearing on this point; but one certain thing does result from its want, which is a swaying, pendulous belly, and a swaying, awkward gait in walking.

So marked is this, that my attention has often been drawn to the awkward walk of the squaw by non-professional men, who have asked me the reason for it. That it is due to the want of proper bandaging after delivery, is, I think, proved by these facts: the Indian girls do not have the awkward gait, but those who have borne children do, and if they have borne many child-

ren, they have it in a marked degree; and again, some of these squaws, who live with white men, and are sufficiently tidy to render it supposable that they use the bandage, never acquire that gait and the swaying, pendulous belly. At least one squaw, whom I know to have always used the bandage, has borne five children without acquiring the characteristic belly and walk. I state the matter thus curtly, leaving it to others to apply the deductions in their practice, or not, as they see fit. But it seems to me that if symmetry of form can in great measure be secured by so simple means as the use of the bandage, it is a matter well worth attending to.

G. P. BISSELL, M. D.

McMinnville, Oregon, Feb., 1869.

## News and Miscellany.

### Report of St. Mary's Hospital.

From the first annual report of St. Mary's Hospital, of this city, we find that during the period commencing July 1, 1867, and ending December 31, 1868, that 461 persons have been treated:—Discharged, cured, 259; do, improved, 46; do, unimproved, 32; died, 61. Eighteen causes of death are shown, viz:—Alcoholism, 1; ascites, 3; cancer of liver, 3; heart disease, 1; peritonitis, 2; phthisis, 32; amputation, 1; cancer of uterus, 3; pneumonia, 2; paralysis, 2; typhus fever, 1; typhoid fever, 5; albuminuria, 1; diphtheria, 1; meningitis, 1; pleuritis, 1; rheumatism, 1; gun-shot wound, 1. The nationalities of the patients were as follows:—Germany, 238; Ireland, 138; United States, 61; France, 5; Switzerland, 10; Canada, 2; England, 7. Of the above there were 244 males, and 217 females; and 156 of these were married, and 305 were single. There were 103 pay patients, 89 patients who partly paid, 95 society patients, and 174 charity patients.

### Jungle Fever.

A new disease of Asiatic origin has turned up at the New York Quarantine. The ship Bosworth, which arrived from Samarang, Java, reports having been obliged, on January 9th, to put into Table Bay for medical assistance, six of her crew having died of jungle fever, and of the remainder only one or two were fit for duty.

The Health Commissioners do not know much about this jungle fever, but believe it to be of the typhoid remittent type. The ship's officers represent it to be very malignant and rapid in its progress, but it is not believed to be infectious,



save under certain circumstances. All on board are now healthy.

#### Statistics of the Social Evil.

Superintendent KENNEDY, of the N. Y. Metropolitan Police District, has submitted the following report:

"NEW YORK, March 13, 1869.

"Commissioners of the Metropolitan Police:

"GENTLEMEN: The General Order (No. 557) directing a complete census to be made of all houses of prostitution within the district was issued on Jan. 11, 1869; but the reports had not reached me on the day of my departure with President ACORN, Feb. 24, they having been completed in my absence. I herewith submit tabular statements of the result, by which it will be seen that on Jan. 26 there were in the cities of New York and Brooklyn, of houses of prostitution, 496; of houses of assignation, 107; of saloons where waiter girls attend, 33; of public prostitutes, 2,107, and of waiter girls, 255; showing a reduction since Jan. 24, 1868, of 29 in the number of houses of prostitution, but an increase in the houses of assignation of 8; of public prostitutes, 35, and of waiter girls attending saloons, 10, while the number of saloons employing waiter girls remains unchanged. It is proper to say that some of these saloons hold license from the Board of Excise. The aggregate number of places in the two cities is 627, and of females connected with them, 2,360. Very respectfully submitted.

JOHN A. KENNEDY, Superintendent."

— A Committee appointed by the Medical Department of the army to examine Professor GANGE's meat-preserving process, is said to have made a highly favorable report. The meat preserved by this process is said to retain all the excellence and appearance of fresh meat.

— DR. JAMES H. BUTLER, who, for the last nine years, has filled the position of Demonstrator of Anatomy in the University of Maryland, has resigned.

## Army and Navy News.

List of changes, etc., in the Medical Corps of the Navy from March 7th to 20th, 1869, inclusive.

Fleet Surgeon A. A. Henderson, transferred from the "Powhatan" to the "Pensacola" as Fleet Surgeon of the Pacific Station.

Fleet Surgeon J. W. Taylor, transferred from the "Pensacola" to the "Powhatan."

Surgeon J. S. Dungan, transferred from the "Cyane" to the "Ossipee."

Surgeon B. F. Gibbs, detached from the "Ossipee" and ordered home.

Surgeon G. S. Beardsley, transferred from the "Independence" to the Receiving ship "Mohongo."

Surgeon N. H. Adams, detached from the "Mohongo" and ordered home.

Passed-Assistant Surgeon G. R. Brush, transferred from the "Cyane" to the "Nyack."

Passed-Assistant Surgeon G. F. Winslow, detached from the "Nyack" and ordered home.

Assistant-Surgeon J. A. Hawke, transferred from the "Powhatan" to the "Pensacola."

Assistant-Surgeon R. A. Whedon, transferred from the "Saginaw" to the "Powhatan."

Surgeon Joseph Beale, ordered to duty as member of Naval Medical Board, Philadelphia.

Assistant-surgeon S. W. Latta, detached from the Receiving ship at Boston, and ordered to the U. S. S. Gettysburg.

Drs. Franklin K. Hartzell, and William G. Fanwell, Commissioned Assistant-Surgeons.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

### MARRIED.

UNCKEL-KIRKPATRICK.—On the 11th inst., by the Rev. S. A. Mutchmore, Mr. Henry Unckel and Miss Mary S. Kirkpatrick, daughter of the late H. A. Kirkpatrick, M. D., of Stanton, N. J.

### DIED.

CARLETON.—At West Auburn, Maine, Dr. Geo. W. Carleton, of heart disease, aged 69.

GODDARD.—At the estate of Mr. Carl Merrell, near Remedios, Island of Cuba, on the 7th inst., Harvey E. Goddard, in his 31st year, son of the late Paul E. Goddard, M. D., of this city.

HOTCHKISS.—In Shreveport, La., on the 25th of February last, after a protracted illness, Mrs. Nancy Hampton Hotchkiss, aged 44 years, wife of Dr. T. F. Hotchkiss, formerly of Cincinnati.

MAXWELL.—On Wednesday, March 17th, Ann Eliza Browne, wife of Wm. H. Maxwell, M. D., of New York.

SENER.—In this city, on the 18th inst., Sarah L., wife of William Z. Sener, of Ephrata, and daughter of Dr. Washington L. Atlee, of Philadelphia.

### OBITUARY.

Kersey G. Thomas, M. D.,

Of Alliance, Ohio, died suddenly, of apoplexy, at his residence, on the morning of the 11th inst.

Dr. THOMAS was a man of great activity in every undertaking which commanded his attention. In his profession he was untiring in his personal service, and attached to himself strongly those by whom he was trusted. He was specially devoted to anatomy, which he had sedulously studied and demonstrated through all his professional career, which commenced in 1840. During two years he filled the chair of Surgery in the Female Medical College of Philadelphia. After the war commenced, he was commissioned Surgeon of the 104th Ohio Vols.,

and was greatly beloved by his regiment, but was compelled to resign by reason of utter prostration by paralysis in the service. On his recovery, he again entered actively upon his professional labor, assuming, beside a large general practice, the appointment of Surgeon over a considerable extent of the P. Ft. W. & C. and C. & P. Railroads, which position he officiated in up to the time of his death. His reputation for philanthropy is co-extensive with his career. He was jealous of his professional standing, and guarded the avenues to the fold of membership in the regular brotherhood with careful solicitude. He went down at noon-day, after a morning's round of professional visits in the storm, at 51 years of age; the autopsy showing slight softening of the cerebellum, and the presence of about two ounces of extravasated blood in the base of the cranium.

"Requiescat in pace."

W.

Canton, O., March 17, 1899.

### WORDS OF CHEER.

Dr. S. Y., of Maine, says:

"I have taken the *REPORTER* a number of years, and it comes to me as a friend and medical adviser. All the numbers have come to hand, and I think so much of it that I have had eleven volumes bound, and find them very convenient for reference, for there is not a case in my practice in which I cannot refer to these volumes for suggestions," etc.

The *London Medical Times and Gazette* says of the COMPENDIUM:

"This compilation is meritorious. It does tolerably ample justice to all, and it aims at being practical. It will be especially useful to those who desire to make themselves acquainted with the progress of our cousins in medical matters. On the whole, it illustrates the saying that American practice is as good as their theory is bad," [whatever that may mean.—*Eds. Mss. & Surg. Rep.*]

Dr. E. P. B., of Missouri, writes of the POCKET RECORD:

"I think it the most complete little book for physicians' use ever printed, and I would not be without it for twice its cost."

Dr. S. A. F., of Wisconsin, says:

"Book me hereafter as a perpetual subscriber to your *REPORTER*, *COMPENDIUM*, and *POCKET RECORD*, and send me bill accordingly. When my practice becomes too poor to afford me such publications as yours are, then I will turn my attention to other and more lucrative employments. He must be a "poorstick" in the profession who is too poor to supply himself with good medical journals." Dr. F. thinks such a person's patients need praying for!

Dr. J. P. W., of Indiana, says:

"Your *Visiting List* (*POCKET RECORD*) is all that could be desired. It suits me to a T."

Dr. W. F. B., of Kentucky, says:

"I am very well pleased with your *POCKET RECORD*. It is just the thing I needed. Have used several kinds in the last ten years, but prefer it greatly to anything of the kind I have seen."

Dr. E. P. B., of Missouri, says of the *POCKET RECORD*:

"I think it the most complete little book for physicians' use ever printed, and I would not be without it for twice the cost. I have used it for over a year, and recommend it to all my friends."

### QUERIES AND REPLIES.

*Messrs. Eds.*—I would modestly offer a suggestion only, in the case given by "Dr. F. R. G., of N. C." It evidently is a case of neuralgia of the testicle and cord.

A SUBSCRIBER.

### Peroxide of Hydrogen.

*Messrs. Eds.*—Dr. "A. D. B., of Texas," who inquires for "essence of peroxide of hydrogen" for diabetes, will probably find it impossible to find the article, in a reliable form, in this country. I have taken some pains to look

it up, but have failed. Messrs. Robbins & Co. and Barth, of London, manufacture the peroxide of hydrogen, which may be used by simple dilution with water; but better results can be secured by the use of pure oxygen in the form of gas.

See my article in *Chicago Med. Journal*, Feb. 15th and March 1st, 1898. S. S. WALLIMAN, M. D.

Dr. N. S. H., of Ark.—"How many new subscribers must I send you to get Flint's last edition of *Practice*?"

For six new subscribers we will send it you.

Dr. M. A. W., of Pa.—"I wish to remove by caustic a warty excrescence of a suspicious character, about an inch in diameter. You will oblige me much by informing me of the most eligible application for the purpose stated, and the manner of using it."

Vienna paste, though painful, is a very effective application. Perhaps our readers will offer a better suggestion.

Dr. J. N. T., of N. Y.—"In No. 617, series for 1898, I requested some advice in regard to a case there described. I write to say that the patient has recovered from her troubles by the use of five grains of iodide of potassium thrice daily."

Dr. A. E. B.—"Can you tell me what is the best mode of keeping accounts for a physician? To charge in the old style—day-book and ledger—is a great deal of trouble. To charge in the ledger only is also a great trouble. Is there any other mode that you know of? If so, please inform me. Give, if you will, the cost of book or books?"

You should try the *Physician's Daily Register*, by Goff. Price \$12.00. It will save you all trouble, and last you five years.

Dr. J. V. B., of Dak.—"Please answer the following questions regarding Wycken's work, which is noticed in the *REPORTER* of Jan. 9th, (Vol. XX., No. 2.) among your usual 'Answers to Correspondents.'"

"Is the work American or foreign, and what is its price?"

"2. Where does this author receive baryphonic patients for treatment? If not in this country, is there a place in this country where you can recommend persons thus afflicted to be sent?"

Wycken's work is in German. Price about \$2.00 or \$2.50. There is no place with which we are acquainted in this country for the treatment of stuttering patients.

Dr. P. G. M., of Ind.—"Please answer in your valuable journal the following, as far as diagnosis and treatment are concerned."

"Case.—Lady, aged 35; married; two children; nervous temperament; has had enlargement of the liver for six years. One year ago I was called to treat her. She suffered by times severe pain in the region of the liver, which she described as travelling, 'to use her language,' from the liver to the umbilicus. Also she suffered by times with faint and weak spells, and the pain of rather a cramping nature. Her general appearance is as one in health, with the exception of that peculiar expression that is caused by leucorrhoea, with which she is troubled after the menses cease."

"After rather a tedious course of alteratives and tonics, her liver was reduced to its normal size. Meantime she became pregnant, and was delivered of a healthy child. But still the pain, cramping, and weak spells persist, and as I have nearly exhausted all therapeutic remedies, I feel a little 'out of sorts.' Will you please give your opinion as regards diagnosis and treatment?"

### METEOROLOGY.

March,	8,	9,	10,	11,	12,	13,	14.
Wind.....	W.	N. W.	S. E.	N. W.	W.	N. W.	S. W.
Weather.....	Cl'dy.	Clear.	Cl'dy.	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain..			1 4-10				
Thermometer.							
Minimum.....	20°	25°	34°	28°	25°	24°	30°
At 8, A. M.....	30	40	45	34	32	41	46
At 12, M.....	40	46	52	42	39	54	59
At 3, P. M.....	41	47	53	44	41	55	60
Mean.....	32.75	39.50	45.50	37.	34.25	43.25	48.75
Barometer.							
At 12, M.....	30.6	30.5	30.1	30.3	30.2	30.1	30.1
Germanstown, Pa.							B. J. LUNDON.